To: OFFICE OF HUMAN RESOURCES **CODE 110**

GODDARD SPACE FLIGHT CENTER **REQUEST FOR CHANGE IN DUTY HOURS**

Multiple employees may be included on the same form, provided the cited justification is applicable. Use different forn

(Please Use Typewriter)

MORO THE CITE	o justification is applicable.	050	omerer
ns where diff	erent justifications apply.		
	Page	_ of _	

1. ORGANI-	2. NAME(S)				4.	5.	6. REVISED WORK SCHEDULE	7. PERIOD COVERED. If indefinite, specify.
CODE	(Last)	(First)	(M.I.)	PLAN	SERIES	GRADE	(Specify the hours of each workday in the assigned workweek)	FROM: (MM/DD/YY) TO: (MM/DD/YY)
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	(Туре І	Name)	Initia	is Dat	e JUS	TIFICATION	:	
SUPERVISOR:								
DIVISION CHIEF:								
Diperson								
DIRECTOR	OF:							
DIRECTOR OF HUMAN RESOURCES:								
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